

# EXHIBIT E

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1 A I'm in the operating room area.

2 Q You were in the operating room?

3 A Uh-huh.

4 Q Were you actually involved in handling an  
5 operation?

6 A No.

7 Q You were just there?

8 A No. I was just in the hallway.

9 Q Okay. Okay. Now following the surgery  
10 done by Dr. Clemons, was Brett given supplemental  
11 oxygen afterwards during his transit to the PACU?

12 A Yes, sir.

13 Q Okay. Did you order supplemental oxygen  
14 for him in the PACU?

15 A Yes, sir.

16 Q You ordered supplemental oxygen?

17 A Yeah. We have a standard order saying  
18 that, you know, that the patient needs O2  
19 supplementation to maintain the saturation of 92 or  
20 95 and above.

21 Q All right. My question was when he left  
22 surgery was he on supplemental oxygen.

23 A Yes, sir.

24 Q Okay. And when he arrived in the PACU,  
25 even though you were not there, was he on

1 supplemental oxygen, do you think?

2 A I think.

3 Q All right.

4 A That is the routine to have a supplemental  
5 oxygen in the recovery room.

6 Q Was he outfitted when he left the surgical  
7 suite with a pulse oximeter on one of his fingers?

8 A Yes, sir.

9 Q And had there been any previous problem  
10 with that pulse oximeter during his surgery?

11 A No, sir.

12 Q Do you know whether the pulse oximeter that  
13 he wore when he went to the PACU was, in fact, the  
14 same one that he wore when he went to the ICU after  
15 the Harvey team came?

16 A Probably the same one.

17 Q Okay. Did you ever test this pulse  
18 oximeter to see whether it was defective or failed?

19 A There are no tests in the sense because  
20 we -- whether it is working or not. If it is not  
21 working, sometimes we change it to a different pulse  
22 oximeter.

23 Q Now at the time when the CRNA, Grace  
24 Freeman, would have attended Brett Lovelace, would --  
25 do you know whether she saw the parents at that time?

1 I don't mean to get into hearsay, but I  
2 mean, do you know whether she saw the parents?

3 A I don't know. I think she mentioned she --  
4 while she was coming out of the recovery room, she  
5 met the parents in the hallway or something. I'm not  
6 a hundred percent sure about that.

7 Q If when Grace Freeman went to the PACU at  
8 or about 10:30 to check on Brett Lovelace, if she had  
9 seen him in a prone position with his knees bunched  
10 up under him on his face, what was she trained to do  
11 in that event?

12 To take action or do nothing, if you know?

13 MR. COOK: I object to the  
14 hypothetical form.

15 You may answer, Doctor.

16 A That is a hypothetical. But mostly we, as  
17 long as the patient is breathing well, the position  
18 is not the most important thing.

19 BY MR. LEDBETTER:

20 Q So, in other words, if she had seen him in  
21 the prone position, it would have been agreeable with  
22 you for her to leave him in that position?

23 MR. COOK: Excuse me. Same  
24 objection.

25 Please proceed, Doctor.

1       A           As long as the patient is breathing well  
2       and everything looks good.

3                   And that is my answer.

4 BY MR. LEDBETTER:

5       Q           What you are saying is, I guess, position  
6       is secondary if the breathing is good?

7       A           Right.

8       Q           Okay. Now if she had, on the other hand,  
9       observed that the patient was unconscious and that he  
10      was snoring, what, if any, intervention would have  
11      then been appropriate if he was on his stomach that  
12      way?

13                               MR. COOK: Same objection.

14                               Go ahead, Doctor.

15      A           As I said, if the airway is good, position  
16      is not the problem.

17                   If the airway is not good in the sense he  
18      is not breathing well, then no matter what position  
19      the patient is in, it needs to be interfered.

20 BY MR. LEDBETTER:

21      Q           Well, will you agree that when you have  
22      upper airway morbidities, let's say, before you have  
23      upper airway surgery and you were in a semi or  
24      unconscious state on your face breathing into a  
25      gurney, that is dangerous, is it not?

1 MR. COOK: Object to the  
2 hypothetical form.

3 Go ahead, Doctor.

4 A That is a speculation. I cannot answer  
5 that.

6 BY MR. LEDBETTER:

7 Q Well, let me ask you this way.

8 Would it be agreeable to you for a patient  
9 to be literally on their face with their nose down  
10 into the bed linens, I guess, who had had apnea and  
11 they just had a tonsillectomy?

12 MR. COOK: Form objection.

13 Please proceed.

14 A This is something -- that is something I'm  
15 answering that is a stipulation, so I cannot --

16 BY MR. LEDBETTER:

17 Q Would you say that you do not fault Nurse  
18 Kish for allowing him to stay in that position?

19 MR. COOK: Same objection.

20 Go ahead.

21 A I don't know what position the patient was  
22 in at that time. But the main thing is the  
23 monitoring of the patient is the most important  
24 thing, whether the patient is adequately monitored,  
25 whether the patient's saturation is very good and

1 vital signs good. That is the most important thing.

2 BY MR. LEDBETTER:

3 Q And what orders did you leave or did Grace  
4 Freeman leave relative to monitoring?

5 A We have standard orders to monitor the  
6 patient vital signs every, I think, fifteen minutes  
7 in -- that is standard; but and to monitor the oxygen  
8 saturation. That is heart rate, blood pressure.

9 And if there is deviation from the normal,  
10 then you are to call the attention of the physician.

11 Q Did you use or recommend the Aldrete scale?

12 A That is standard in the recovery room, sir.

13 Q Okay. Now did you use or recommend the  
14 modified Aldrete scale or the original Aldrete scale?

15 A I think it is the original.

16 MR. COOK: I'm sorry. What?

17 THE WITNESS: Original Aldrete  
18 score.

19 MR. COOK: Original.

20 BY MR. LEDBETTER:

21 Q Are you aware that the original Aldrete  
22 scale was not in use in hospital PACUs for a number  
23 of years before this happened, that it had been  
24 abandoned and that there was a modified rule, Ramsay  
25 scale and other things?



1 and Kelly Kish documented everything perfectly, which  
2 is, you know, that is what, her recording in the  
3 chart.

4 Q So had you been present in the PACU when  
5 Brett Lovelace arrived and had seen him face down,  
6 would you have simply allowed him to remain in that  
7 position?

8 MR. COOK: Object to the  
9 hypothetical.

10 Go ahead.

11 A That is a hypothetical question. But if  
12 the patient is not breathing well, I would have  
13 interfered.

14 But if the patient is doing well and  
15 saturation is doing well, I wouldn't have.

16 BY MR. LEDBETTER:

17 Q Were there notes of the Aldrete scale done?  
18 Was that noted in the chart?

19 A Well, they go by points system, like if the  
20 blood pressures are down.

21 Q I understand. I'm just asking you if that  
22 was recorded.

23 A I think it is the -- Kelly Kish -- there  
24 are no score, Aldrete score, per se, I think, but she  
25 documented the vital signs which will fit into the

1 BY MR. LEDBETTER:

2 Q How often would you allow people to go in  
3 that position prone into the PACU at LeBonheur?

4 MR. COOK: Same.

5 A Same. I cannot answer that speculative  
6 question.

7 BY MR. LEDBETTER:

8 Q Well, was it something that happened that  
9 you allowed a number of times?

10 A That is the same thing I said. It is very  
11 speculative.

12 Q Why would it be speculation?

13 Did you allow patients to go to the  
14 recovery room who were in a prone position, or not,  
15 before Brett Lovelace?

16 A We, as long as the patient is not  
17 completely prone, but we -- actually, tonsil  
18 patients, semi prone is the ideal position for the  
19 patient because if there is any bleeding, it will  
20 come out. The tongue will also fall out so that they  
21 breathe better. That is called post tonsillectomy  
22 position.

23 Q Now in this case do you rely upon any  
24 clinical guidelines for anesthesiologists that  
25 support your defense in this case?